

ANNUAL REPORT
OF THE
Medical Officer of Health
FOR THE
HONITON RURAL DISTRICT,
1913.

SUMMARY SHEWING THE PRINCIPAL GENERAL ITEMS OF THE
VITAL STATISTICS, &c., FOR 1913, CONTAINED IN THIS REPORT.

| | | |
|--|------|---------------|
| Area of the Honiton Rural District | | 73,054 Acres. |
| Population at Census, 1911 | | 9,597 |
| Number of Parishes | | 26 |
| Number of Inhabited Houses at Census, 1911 | | 2,263 |
| Average Number of Persons per House at Census, 1911 | | 4.2 |

NOTE.—In comparing the Vital Statistics of the Honiton Rural District with the Statistics of the Rural Areas of Devon, I regret I cannot give the Rates for 1913, as the County Medical Officer of Health does not issue his Annual Report for 1913 till the middle of the year 1914, so I have to accept the years 1911 and 1912 for comparison.

| DESCRIPTION. | Average Rate per 1000 of Population in the HONITON RURAL DISTRICT. | | Average Rate per 1000 of Population for the Rural Districts in the COUNTY OF DEVON. | |
|--|--|-------|--|-------|
| | 1912. | 1913. | 1911. | 1912. |
| Birth Rate | 17·8 | 15·7 | 19·6 | 18·4 |
| Death Rate | 11·8 | 10·4 | 13·3 | 12·4 |
| Infantile Mortality (Deaths of Children under 1 year) | 70·6* | 59·6* | 96* | 73* |
| Infectious Disease Death Rate (Excluding Tuberculosis) | 0·10 | 0·20 | 0·51 | 0·39 |
| Tuberculosis Death Rate | 0·83 | 0·62 | 1·21 | 0·90 |
| Cancer Death Rate | 1·0 | 0·07 | 1·09 | 1·05 |

*RATE PER 1,000 OF POPULATION—REGISTERED BIRTHS.



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Honiton Rural District Council

(HEALTH DEPARTMENT).

*To the Chairman and Members of the Honiton
Rural District Council.*

January, 1914.

GENTLEMEN,

I have the honor of presenting to you my Annual Report, and which deals with Public Health matters and the Sanitary administration of your District during the year 1913.

I am very pleased indeed to be able to report to you that the past year shows marked improvement all round, with one exception, and unfortunately the most important, viz., Birth Rate. This I regret to say again shows, as in former years, a very serious decline.

On the other hand, I am glad to say, the Death Rate shows a big decrease, also Infantile Mortality shows considerable improvement, while the deaths from Infectious Disease remain about the same as 1912.

Deaths from Tuberculosis and Cancer also show a marked improvement on former years.

During the past year the Local Government Board held an inquiry at Sidbury, *re* the Town Planning Scheme for the Sid Valley. Also the County Council held an inquiry at Honiton for the purpose of formulating a scheme for an Isolation Hospital to include the Urban and Rural Districts of Honiton and Axminster, and the Urban Districts of Seaton, Sidmouth and Ottery.

A scheme for building Cottages at Plymtree was prepared and laid before your Council by the Sanitary Inspector, Mr. Redfern.

I shall, however, deal with these important schemes under separate headings later on in my report.

I.—VITAL STATISTICS.

(a) BIRTHS.

The registered number of Births was 151, as against 171 in 1912, and 184 in 1911.

This shows again a very marked decline, and reduces our Birth Rate from 17·8 per 1,000 of the population to 15·7 per 1,000 of the population.

The Average Rate for the Rural Districts of Devon in 1912 was 18·7 per 1,000 of the population.

This again is the lowest Birth Rate recorded for the past Decennium in the Rural Districts, but as I pointed out last year in my report, it is quite in keeping with the general decline going on throughout the country, but the difficulty appears to be, how can we alter matters ?

It appears to me that the chief causes of the decline of the Birth Rate is as follows :—

- (i) The continued drain in the Rural Districts of the young men who prefer to emigrate to the Colonies than remain at home and live on small wages, with the constant increase in the price of necessaries of life.
- (ii) Lack of suitable good cottages to live in. This I believe to be a very important factor.
- (iii) Late Marriage and no desire for children.

Illegitimate Births.

I am sorry to report that 5 illegitimate births were reported to me in our Rural District during 1913, as against 1 in 1912.

This is very unsatisfactory, and here I should like to point out the fact that many of

our cottages are too small for the number of people they contain. In some cottages I find where there are large families there are only two bedrooms for the whole family to live in, consequently boys and girls have to share the same bedroom and sometimes even the same bed. This certainly cannot improve their morals, and must tend to the rearing of children with very unhealthy minds.

(b) DEATHS.

(1) *Number and Rate.*

The number of deaths from all causes registered in the District was 90, as compared with 104 in 1912.

The number of transferable deaths of residents in the District who died away was 10, which is the same as in 1912, thus giving a total of exactly 100 for the Rural District and giving a General Death Rate of 10·4 per 1,000.

This is lower than in 1912, when the total deaths were 114, giving a Death Rate of 11·8 per 1,000.

The General Death Rate for the Rural Districts in Devon in 1912 was 12·4 per 1,000.

By comparing our Death Rate of 10·4 per 1,000 in 1913 for the Honiton Rural District with the General Death Rate for the Rural

Districts of 12·4 in 1912, I think we may consider our Death Rate extremely satisfactory, especially so if we take into consideration that out of the 100 certified deaths, no less than 53, or little more than half, died after reaching the age of 65 and upwards.

(2) *Ages at which Death occurred.*

Death of Children under 1 year.

There were 9 deaths of children under 1 year, giving a Rate of Infant Mortality of 59·6 per 1,000 births.

This I am glad to report is a little lower than in 1912, when 13 deaths of children under 1 year occurred, and gave a rate of 66·2 per 1,000 nett births.

This improvement, although only slight, I trust will be maintained. I am still issuing a pamphlet to all mothers (on registering their child) on “The Feeding and Rearing of Infants,” and I am sure if they only try and carry out the few suggestions, we ought to be able to still further reduce our Infantile Death Rate.

The General Death Rate of Infants under 1 year in the Devon Rural Districts in 1912 was 72·0 per 1,000 nett births, so I think we may consider our rate of 59·6 extremely satisfactory.

Chief causes of Infantile Deaths under 1 year.

2 deaths from Premature Birth.

| | | |
|---|---|---------------------------|
| 2 | „ | Debility. |
| 1 | „ | Convulsions. |
| 1 | „ | Peritonitis. |
| 1 | „ | Toxæmia from Sacral Cyst. |
| 1 | „ | Tuberculosis Disease. |
| 1 | „ | Pneumonia. |

(3) Deaths from Zymotic Disease.

There were only 2 deaths under this class, as compared with 6 in 1912, which is extremely satisfactory.

(b) OTHER CAUSES.

Attributed to—

| | | |
|-----------|------|------------------------------|
| 24 deaths | .... | Organic Heart Disease. |
| 20 | „ | Senile Decay. |
| 11 | „ | Bright's Disease. |
| 7 | „ | Cancer. |
| 7 | „ | Pneumonia |
| 7 | „ | Congenital Debility. |
| 6 | „ | Pulmonary Tuberculosis. |
| 5 | „ | Bronchitis. |
| 4 | „ | Cerebral Hæmorrhage. |
| 2 | „ | Convulsions. |
| 1 | „ | Typhoid. |
| 1 | „ | Diphtheria. |
| 5 | „ | Other defined Diseases. |

Amongst the causes of death calling for comment, I think the following need only be referred to, viz. :—

7 Cancer.

6 Pulmonary Tuberculosis.

I am glad to say that only 7 deaths occurred from Cancer during the past year, as compared with 10 in 1912. Although we show a decrease this year, it does not follow that next year will do the same, as I am sorry to say that Cancer is still on the increase throughout the country, and as yet no definite cure has been found except by very early surgical interference, and then only in the very early stages have any definite cures been reported.

Pulmonary Tuberculosis.

I am very pleased indeed to report that only 6 deaths occurred in 1913, as compared with 10 deaths in 1912 from this disease. This certainly is a very marked improvement, and I trust the improvement will continue this year.

SICKNESS DURING THE YEAR 1913.

(a) NOTIFIABLE INFECTIOUS DISEASE, EXCLUDING PULMONARY TUBERCULOSIS.

I am exceedingly glad to be able to report to you that the past year has been a record as regards the scarcity of Infectious Disease in

the District. Looking back as far as my records will allow me to the year 1893, I cannot trace any near approach to the satisfactory record which I am able to present to you for the year ending 1913.

During 1913, there were several spasmodic cases of Scarlet Fever of a very mild type in the District, but not once did it spread, and I did not have occasion during the whole year to close any Schools on account of Infectious Disease. The greatest number of cases occurring in one village at a time was 2.

The following table gives you the List of Notifications received, and the Districts they occurred in.

10 Notifications received, as compared with 27 in 1912 :

| 1913. | | | 1912. | | |
|---------------|------|---|-----------------|------|----|
| Scarlet Fever | .... | 6 | Scarlet Fever | .... | 20 |
| Diphtheria | .... | 2 | Diphtheria | .... | 4 |
| Typhoid | .... | 2 | Erysipelas | ... | 2 |
| | | | Puerpural Fever | | 1 |

Scarlet Fever.

The cases occurred at :—

| | | | |
|--------------|------|------|----------|
| Broadhembury | .... | .... | 2 cases. |
| Awliscombe | .... | .... | 2 „ |
| Sidbury | .... | .... | 1 „ |
| Buckerell | .... | .... | 2 „ |

Diphtheria.

The cases occurred at :—

| | | | |
|-----------------|------|------|---------|
| Sidbury | .... | .... | 1 case. |
| Burrow Harpford |  | .... | 1 „ |

Typhoid.

The cases occurred at :—

| | | | |
|-----------|------|------|---------|
| Widworthy | .... | .... | 1 case. |
| Sidford | .... | .... | 1 „ |

The *Scarlet Fever* cases were of such a mild type that they do not call for comment.

Typhoid.

2 cases reported to me, 1 at Widworthy at a blacksmith's shop. This case occurred in a man aged 45, who was dying of Bright's Disease at the time. Although Mr. Redfern and myself endeavoured to trace the source of infection, we were unable to do so.

Disinfectants were freely supplied, and everything possible to stop any further spread was done, and I am glad to say successful.

The other case occurred at Sidford in a young girl, who had been sent home from a Dairy in Exeter because she was not feeling well; as a matter of fact she was in an advanced stage of the disease when brought to Sidford. I notified the Exeter Sanitary Authorities of this case, who I understand investigated the case at Exeter.

Diphtheria.

2 cases were reported to me, 1 at Sidbury and 1 at Burrow Harpford.

The case at Sidbury was sent to the Exeter Isolation Hospital, and the case at Burrow Harpford was treated at home.

I am very glad to be able to report again a marked decrease in Diphtheria in 1913, there being only 2 cases as against 4 in 1912, also that no cases of Diphtheria have been reported from Cotleigh this past year. Cotleigh up to 1912 had always been subject to spasmodic outbreaks of Diphtheria, and in 1912 I found the children at the School were accustomed to drink contaminated water, and this supply I had cut off, with the result that Cotleigh has now been free of Diphtheria for two years.

I am glad to report that no cases of Poliomyelitis or Cerebro Spinal Fever have occurred this year in our District.

In all cases of Notifiable Infectious Disease, I have had disinfectants liberally supplied, sick rooms fumigated, and sanitary defects sought for and remedied, and all precautions taken to prevent the spread of disease.

(b) PULMONARY TUBERCULOSIS.

During 1913, 7 cases of Pulmonary Tuberculosis were notified me.

| | | | | |
|------------|------|------|---|-------|
| Luppitt | .... | .... | 1 | case. |
| Sidbury | .... | .... | 1 | „ |
| Plymtree | .... | .... | 1 | „ |
| Yarcombe | .... | .... | 1 | „ |
| Awliscombe | .... | .... | 1 | „ |
| Buckerell | .... | .... | 1 | „ |
| Sidford | .... | .... | 1 | „ |

During the past year great progress has been made for dealing with all Tuberculosis cases. On the receipt of a Notification of Tuberculosis I at once report the case to the County Medical Officer of Health, the case is then visited by the County Authorities, and if suitable, and arrangements can be made, the patient is removed to a Sanatoria, where he is kept and treated.

All cases that have been notified to me have been visited either by myself or the Sanitary Inspector.

They have been supplied with Spittoons and Disinfectants, and also Literature dealing with Tuberculosis, and which I thought would be a guide to them in the course of their Treatment.

Other cases have been dealt with by the provision of shelters placed in a field or garden near their house.

This of course is not nearly so satisfactory a way of dealing with them as placing them in a Sanatorium, as they are apt to come into their homes should the weather turn at all rough or cold and there is no one present who can constantly supervise them. It is hoped before the end of the present year to have sufficient accommodation in the Sanatoriums to take all the cases. This, of course, is the proper and only way to deal with them.

It is suggested, and seems very probable, that we shall have a Sanatorium in our own District in the near future. I believe it is proposed to have a Sanatorium in conjunction with the Isolation Hospital, this would be very satisfactory, and kinder to our patients, who instead of going away for treatment would be able to be treated in their own District, and near their friends.

I am glad to be able to report that there again is another marked improvement for the year 1913. During 1912, 20 cases of Pulmonary Tuberculosis were notified me, as compared with 7 in 1913.

No cases of Non-Pulmonary Tuberculosis were notified me in 1913.

NON-NOTIFIABLE DISEASES.

The following is a list of Schools from which children were excluded, suffering from a non-notifiable Infectious Disease, and gives a good idea of the amount of sickness prevailing in each District.

| SCHOOL. | | DISEASE. | Time of Year. | No. of Children excluded. |
|----------------|------|----------------|---------------|---------------------------|
| Widworthy | .... | Measles | Feb. | 4 |
| Broadhembury | | „ | Mar. | 3 |
| Sheldon | .... | Whooping Cough | „ | 4 |
| Sidbury | .... | Mumps | April | 28 |
| Sidbury | .... | „ | May | 34 |
| Sidbury | .... | Ringworm | „ | 5 |
| Sidbury | .... | Mumps | June | 4 |
| Salcombe Regis | | „ | July | 2 |
| Northleigh | .... | Measles | „ | 4 |
| Farway | .... | „ | Sept. | 20 |
| Widworthy | .... | Mumps | „ | 2 |
| Broadhembury | | Chicken Pox | Oct. | 5 |
| Sidbury | .... | Impetigo | „ | 7 |
| Widworthy | .... | Mumps | Oct.-Nov. | 18 |
| Sidmouth | .... | Measles | Nov. | 5 |
| Feniton | .... | „ | Dec. | 13 |

By the above list you will observe Mumps were very prevalent at Sidbury in April and May; Measles at Farway in September; Mumps at Widworthy in October and November; and Measles at Feniton in December.

III.—GENERAL SANITATION.

Sidbury and Sidford Septic Tanks.

Further improvements have been carried out during the past year at these works, and they continue to give every satisfaction, and I have received no complaints regarding them.

Sidmouth Junction.

The works have been cleaned and the effluent kept from gathering into the water course. These works have been very satisfactory this year. Samples of effluent were analysed and found to be very satisfactory.

Plymtree.

The works here have been cleaned out, and are in good working order.

Salcombe Regis.

The Sanitary Inspector informs me that the sewers on the West side are in very good condition, but does not think they will continue long to stand the strain put upon them due to the sewage being ponded back in times of storm by the defects of the Sidmouth low level sewer which it joins. He has at times measured the sewage as much as 18 inches, and once 30 inches above the invert of the pipe in the end inspection chamber.

Scavenging.

Refuse is now collected once a week in the greater part of Salcombe Regis, and provision has been made at Sidford for the householders to tip their refuse at a place provided by the Council.

Buildings.

No plans for Artisan or Working-class Dwellings have been before the Council during the past year. Seven of the Cottages—plans for which were approved during 1911—have not been proceeded with.

Two Artisans' Houses are being built at Sidmouth Junction, and it is contemplated to build two more.

The sewer is to be extended to accommodate the above dwellings.

Plans for eight large Residences have been approved, and are being built.

We now have Bye-Laws for Slaughter-Houses in all the Parishes where slaughtering takes place.

SPECIAL REPORT UNDER THE FACTORY & WORKSHOPS ACT (1901).

I have received no notices of alteration in the number of Factory and Workshops in the Districts. The total on the Register is 45.

These have been inspected by the Inspector during the year 1913, and were found satisfactory. The Bakehouses were clean and sanitary, and the special regulations concerning them are observed.

There are no offensive trades in the District, and no labour is imported for fruit or pea-picking.

No building is now retained for Isolation of Small Pox cases.

VACCINATION.

I regret to say that there is again this year a marked increase in the number of conscientious objectors to Vaccination. This is due to the ease with which parents can obtain Exemption Certificates, and I am afraid in a great number of cases Exemption Certificates are granted to parents who really cannot have any conscientious objection, but really wish to be saved the bother of having a child a bit cross for a few days.

It is not fair on the child or on the community at large, for there is no doubt in my mind that, should Exemption Certificates be so freely granted in the future, there will come a day of terrible reckoning for this country.

MIDWIVES ACT.

As the inspection of the Midwives has now entirely passed out of my hands, I cannot say how many we have in our District.

But from general experience, the shortage is still very grave, and (as I reported last year) the Midwives Act—although supervising and improving the status of the present Midwife—is not increasing the number of Midwives in our District, but much the reverse, and it is tending to create a very undesirable class of women, who undertake the nursing of the mother after the Doctor or Midwife has confined the woman.

These women are a grave danger to the whole community. They do not even know the first rudiments of nursing, such as washing their hands, or taking a temperature ; and should they happen to have a case of Puerpural Fever, their ignorance is so great that they do not realise the seriousness of the case until too late.

I am glad, however, to be able to state that now the Honiton Nursing Home has been abolished, the Committee of that Association with commendable foresight have now engaged two trained Nurses to do the District Nursing. Both these Nurses are Certified Midwives, and

will now be able to help considerably in the District.

Last year, in my Annual Report for 1912, I suggested that Parishes should combine and have a trained Midwife in each. I hope now Honiton has started, that other Districts will do the same.

COTTAGE ACCOMMODATION AT PLYMTREE.

The question of improved Cottage accommodation at Plymtree has been largely before you during the past year, but I much regret that practically no progress has been made with the scheme, which was drawn up by your Sanitary Inspector.

At the Annual Parish Meeting held at Plymtree in March, 1913, a resolution was unanimously passed—

“That the Plymtree Parish Meeting desires to draw the attention of the Honiton Rural District Council to the lack of Cottage accommodation in the parish, and requests the Council to take action accordingly.”

The Sanitary Inspector has made a house-to-house inspection of the village, and reported to his Council in July last that there was need for more Cottages.

He found that most of the Cottages were old, with cob walls and thatched roofs, which generally means low ceilings, small and low windows, probably two bedrooms (each having direct communication with the other).

None of these old Cottages have damp-proof courses to the walls, so that damp is more or less common to the ground floor rooms. He also reports—

(1) That one farmer was waiting for a Cottage before he could employ another man.

(2) Two men had received notice to quit, because the farmers wanted to put someone else in their Cottages.

(3) Several old people stated that their sons would have remained in the village if they could have obtained Cottages at the time of their marriage.

(4) In no cases were two families occupying one Cottage, but in three cases married daughters with babies were living with their parents, the husbands living away.

(5) There were two cases of overcrowding, which has since been remedied; but there were quite a number of cases on the borderline, such as two bedrooms occupied by five adults, and another where three bedrooms

were occupied by two adults and five children. When such Cottages have a visitor there is overcrowding.

(6) There were no empty Cottages in the village.

(7) The greater part of the Cottages have only two bedrooms :

Four were dilapidated and not tenantable.

Three were tenanted, but in a dangerous condition.

The Inspector was instructed to draw up plans for suitable Cottages, and also fix on a site. This was done, and the report (together with plans) were laid before the Parish Council. The report was considered to be a fair and correct statement, and the plans were approved, but it is regrettable that the whole scheme has practically been dropped, owing to the Rural and Parish Councils not being able to agree as to whether the Cottages should be a District or Parish charge.

Plymtree is the only Parish in our District where a request has been made for extra and better housing accommodation for the working class, and on examination this is found to be necessary.

TOWN PLANNING.

Slow progress has been made with the Town Planning Scheme at Salcombe Regis and Sidford. It was not to be expected that ideas and principles which were absolutely new to this part of the country could be established in any hurry, and every effort possible has been made to obtain the approval of all interested persons, and I regret very much that misunderstandings have caused a few to object to our proposals.

The great defect in our scheme is, in my opinion, that it is not large enough. As we have proceeded to form its details it has become evident that the whole of the West side of Salcombe Hill, from the sea to Trow Hill, should be town planned, because if we are only going to town plan a very small part of this area we shall have arising on the borders of our scheme all those undesirabilities which we wish to prevent.

The whole area from the sea to Trow Hill is an ideal residential area, and large residential buildings are being erected, and in the near future roads will be cut, which will make or mar the district.

I think it is highly desirable that steps should be taken at once to obtain permission

from the L.G.B. to form a Town Planning Scheme for the whole of this area.

I am also of opinion that more rapid progress should be made with the present scheme. The long delay appears to be preventing the development of certain lands, which it is intended to lay out at once for building purposes, and there is every evidence that the owners would also erect a desirable class of house on their land when they know that the amenities of the district are secure, and an efficient sewerage scheme possible.

When the question of the sewerage scheme arises I trust my Council will insist that they have an independent sewerage scheme ; and the only solution to this is to have an outfall of our own direct to the sea.

The fall is quite sufficient to give a most efficient sewerage scheme, which, as the district developes, could ultimately take the whole of the sewerage of the valley.

In concluding my report, I wish to express my grateful thanks to your Clerk, Mr. E. W. Hellier, for his kindness and ready assistance to me during the past year.

My thanks are also due to all the members of my Council, who have always been ready to assist me in carrying out my duties.

Also to Mr. Redfern, Sanitary Inspector, for the able manner in which he has carried out his duties during 1913.

Appended are Tables dealing with :—

- 1A. Sanitary Inspector's Report.
1. Vital Statistics.
2. Infectious Disease.
3. Causes and Ages of Death.
4. Infant Mortality.

I am,

Your obedient servant,

DUNCOMBE STEELE-PERKINS,

*Medical Officer of Health,
Honiton Rural District Council.*

1a.

ANNUAL REPORT
OF THE
SANITARY INSPECTOR,
ALFRED J. REDFERN,
A.R.SAN.I., M.INST.MUN.E.

*Appointed Inspector under the Housing and Town
Planning Act (1909) on June 22nd, 1912.*

TABULATED REPORT

For the Year ending December 31st, 1913.

NUMBER AND NATURE OF INSPECTIONS.

| | | | |
|---------------------------------|------|------|-----|
| No. of Visits to Houses | .... | .... | 592 |
| „ „ „ (on complaint) | | | 4 |
| „ Houses Disinfected | .... | .... | 10 |
| „ Visits to Cowsheds, &c. |  | .... | 44 |
| „ „ Slaughter-houses |  | .... | 31 |
| „ „ Bakehouses |  | .... | 13 |
| „ „ Railway Station |  | .... | 1 |
| „ „ Schools |  | .... | 31 |
| „ „ Sewage Works |  | .... | 114 |
| Samples of Water taken Analysis | .... |  | 22 |

NOTICES SERVED.

| | | |
|------------------------------------|------|----|
| No. of Statutory Notices | .... | 2 |
| „ Informal Notices (by letter) | .... | 36 |
| „ „ „ (verbal) | .... | 48 |
| „ Interviews with Owners or Agents | | 56 |

RESULTS.

| | | |
|--|-----------|----|
| No. of Water Supplies improved | .... | 14 |
| „ Houses repaired and whitewashed | | 38 |
| „ Dampness cured | .... .... | 6 |
| „ Yards paved | .... .... | 4 |
| „ Eaves Gutters repaired | .... | 18 |
| „ New Drains laid | .... .... | 10 |
| „ Drains repaired | .... .... | 31 |
| „ Closets altered from Privies to Pails | | 16 |
| „ Closets repaired | .... .... | 22 |
| „ Extra Pail Closets provided | .... | 4 |
| „ School Closets altered | .... | 3 |
| „ Schools disinfected | .... .... | 1 |
| „ Cowsheds improved | .... | 6 |
| „ Plans examined | .... .... | 10 |
| „ „ approved | .... .... | 10 |
| „ Visits to Buildings in course of erection | | 56 |

HOUSING & TOWN PLANNING ACT, 1909.

| | | |
|-----------------------------------|------|-----|
| No. of Houses visited (Sec. 17) | .... | 105 |
| „ „ dangerous and injurious | | 4 |
| „ Representations to L.A. | .... | 4 |
| „ Closing orders made | .... | 1 |
| „ Notices under Sec. 15 | .... | 1 |
| „ Remedied without closing orders | | 41 |
| „ „ with „ „ | | 0 |

Table 1.—VITAL STATISTICS OF WHOLE DISTRICT DURING 1913
AND PREVIOUS YEARS.

| YEAR | Population estimated to Middle of each Year | BIRTHS | | | TOTAL DEATHS REGISTERED IN THE DISTRICT | | TRANSFERABLE DEATHS | | NETT DEATHS BELONGING TO THE DISTRICT | | | |
|------|--|----------------------------|--------|------|---|------|--|---|--|-------------------------------------|-------------|------|
| | | Un- corrected Number | Nett | | Number | Rate | of Non- residents registered in the District | of Resi- dents not registered in the District | Under 1 year of age | | At all ages | |
| | | | Number | Rate | | | | | Number | Rate per 1,000 Nett Births | Number | Rate |
| | | | | | | | | | | | | |
| 1908 | 9318 | 217 | 217 | 23·2 | 123 | 13·2 | Data | | unav | ailable | | |
| 1909 | 9318 | 173 | 173 | 18·5 | 97 | 10·4 | ” | ” | ” | ” | | |
| 1910 | 9318 | 181 | 181 | 19·4 | 87 | 9·3 | ” | ” | ” | ” | | |
| 1911 | 9318 | 184 | 184 | 19·1 | 99 | 10·3 | 0 | 12 | 13 | 70·6 | 111 | 11·5 |
| 1912 | 9597 | 171 | 171 | 17·8 | 104 | 10·8 | 0 | 10 | 13 | 70·6 | 114 | 11·3 |
| 1913 | 9597 | 151 | 151 | 15·7 | 90 | 9·3 | 0 | 10 | 9 | 59·6 | 100 | 10·4 |

Area of District in acres (land and inland water) 73,054.
Total population at all ages, 9,597. Number of inhabited houses, 2,263.
Average number of persons per house, 4.2.

Table 2.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING
THE YEAR 1913.

| NOTIFIABLE DISEASE | NUMBER OF CASES NOTIFIED | | | | | | | |
|--|--------------------------|---------------|---------------------|----------------------|-----------------------|-----------------------|-----------------------|----------------|
| | AT ALL AGES | AT AGES—YEARS | | | | | | |
| | | Under 1 | 1 and under 5 years | 5 and under 15 years | 15 and under 25 years | 25 and under 45 years | 45 and under 65 years | 65 and upwards |
| Diphtheria (including Membranous Group) | 2 | 1 | | | | 1 | | |
| Scarlet Fever | 6 | | 6 | | | 1 | | |
| Enteric Fever | 2 | | 1 | | | | | |
| Pulmonary Tuberculosis.... | 7 | | | 1 | 4 | 1 | 1 | |
| Totals | 17 | 1 | 7 | 1 | 4 | 3 | 1 | |

Table 2.—*continued.*

| NOTIFIABLE DISEASE | TOTAL CASES NOTIFIED IN EACH LOCALITY. | | | | | | | TOTAL CASES REMOVED TO HOSPITAL |
|--|--|--------------|------------------------|---------------|---------|----------|----------|---------------------------------------|
| | Widworthy | Broadhembury | Salcombe Regis | Sidford | Sidbury | Buckrell | Harpford | |
| Diphtheria (including Membranous Croup) | | | | | 1 | | 1 | 1 |
| Scarlet Fever | | 2 | 2 | | 1 | 1 | | |
| Enteric Fever | 1 | | | 1 | | | | |
| Pulmonary Tuberculosis.... | Talaton 2 | Sidbury 3 | Salcombe Regis 1 | Harpford 1 | | | | |
| Totals | 3 | 5 | 3 | 2 | 2 | 1 | 1 | 1 |

Table 3.—CAUSES OF, AND AGES AT DEATH DURING
THE YEAR 1913.

| CAUSES OF DEATH | Nett deaths at the subjoined ages of "Residents" whether occurring within or without the district | | | | | | | | Total deaths whether of "Residents" or "Non-residents" in Institutions in the district | | |
|-----------------------------------|---|--------------|-------------------|-------------------|--------------------|---------------------|---------------------|---------------------|--|---|--|
| | ALL AGES | Under 1 year | 1 & under 2 years | 2 & under 5 years | 5 & under 15 years | 15 & under 25 years | 25 & under 45 years | 45 & under 65 years | 65 and upwards | | |
| Total causes certified | 100 | 9 | 1 | 1 | 2 | 1 | 10 | 23 | 53 | 3 | |
| Enteric Fever | 1 | | | | | | 1 | | | | |
| Diphtheria and Croup | 1 | | | | 1 | | | | | | |
| Phthisis (Pulmonary Tuberculosis) | 6 | 1 | | | | 1 | 2 | 1 | 1 | 1 | |
| Cancer, malignant disease | 7 | | | | | | 1 | 3 | 3 | | |
| Organic Heart Disease | 24 | | | | | | 2 | 8 | 14 | 1 | |
| Bronchitis | 5 | | | 1 | | | | | 4 | | |
| Pneumonia (all forms) | 7 | 1 | | | | | 1 | 4 | 1 | | |

| | | | | | | | | | | |
|--|----|---|---|--|--|---|---|---|----|---|
| Other diseases of respiratory organs | 2 | | | | | | 1 | 1 | 1 | |
| Nephritis and Bright's Disease | 11 | | | | | | 2 | 3 | 6 | 1 |
| Other accidents and diseases of Pregnancy and Parturition | 1 | | | | | | | 1 | | |
| Congenital Debility and Malformation, including Premature Birth | 7 | 6 | 1 | | | | | | | |
| Suicide | 1 | | | | | | | 1 | | |
| Convulsions | 2 | 1 | | | | 1 | | | | |
| Diseases ill-defined or unknown Senile Decay | 20 | | | | | | | | 20 | |
| Sub-Entries not included in above figures: | | | | | | | | | | |
| Cerebral Hæmorrhage | 4 | | | | | | | 4 | | |
| Diabetes | 1 | | | | | | 1 | | | |

